

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	5. LEASE DESIGNATION AND SERIAL NO. SF-078146
2. NAME OF OPERATOR Tenneco Oil Company	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 3249, Englewood, CO 80155	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 560' FNL, 1720' FWL	8. FARM OR LEASE NAME Newberry A
	9. WELL NO. 2E
	10. FIELD AND POOL, OR WILDCAT Basin Dakota
	11. SEC., T., R., M., OR BLK. AND SUBVY OR AREA Sec. 9, T31N, R12W
14. PERMIT NO. 30-045-26033	12. COUNTY OR PARISH San Juan
15. ELEVATIONS (Show whether DF, ET, GR, etc.) 6140' GR	13. STATE NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) cementing 7" casing	
(Other)		(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

The intermediate casing was set and cemented on 8/2/84 with 2 bbls of cement circ to surface.

RECEIVED
SEP 11 1984
OIL CON. DIV.
DIST. 3

18. I hereby certify that the foregoing is true and correct

SIGNED

Scott McKinnis

TITLE Sr. Regulatory Analyst

ACCEPTED FOR RECORD
8/27/84

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

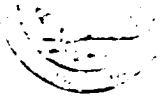
DATE

SEP 10 1984

FARMINGTON RESOURCE AREA

BY

*See Instructions on Reverse Side



DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
Caller Service 4104
Farmington, New Mexico 87499

CERTIFIED

August 21, 1984

Tenneco Oil Company
P.O. Box 3249
Englewood, CO. 80155

Gentlemen:

Reference is made to your well No. 2E Newberry A, NE $\frac{1}{4}$ SW $\frac{1}{4}$ Sec. 9, T. 31N,
R. 12W., San Juan County, New Mexico, lease Santa Fe -
078146

We have received your Sundry Notice for setting and cementing of 7"
intermediate casing.

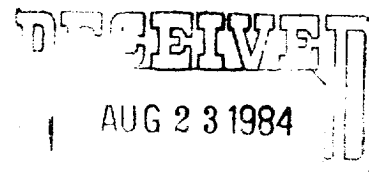
Section 6 of the General Requirements (a copy is attached to your Application for Permit to Drill) requires reporting whether cement circulated to surface or the tops of cement in the casing annulus. Please submit the required information to this office by Sundry Notice (Form 3160-5 formerly Form 9-331, 5 copies).

Failure to comply with this request within 15 days of the date of this letter will result in an assessment pursuant to 43 CFR 3163.3. You are further advised that any instructions, orders or decisions issued by the Bureau of Land Management are subject to technical and procedural review pursuant to 43 CFR 3165.3 and appeal pursuant to 43 CFR 3165.4 and 43 CFR 4.700.

Sincerely yours,

For Area Manager

cc: Well file (act. drilling)
Suspense (Henson)
Chronological
~~Micro~~ (micrographics) (94384)



TOC Division Properties
Western Rocky Mountain Division